

## PARKS & RECREATION-FREESTONE RECREATION CENTER KIDDY KORNER WAIVER

## One participant per form please

Child's Last Name:	First Name:	Gender: M F	DOB:	_ Age:	_ Grade level:
Address:	ci	ty:	Zip: _		
Parent/Guardian:	PI	one(H)	Cell:_		
Does this participant have any speci	ial needs (physical limitations)?				
Please list health restrictions (if any	)				
Allergies Medication currently taking					
Primary Care Physician		Phone:			<del></del>
Emergency Contact		Phone:			
<b>Note:</b> When minor accidents occur it is parent/guardian but also to activate Er	our policy to contact the child's parent/gua nergency Medical Services.	dian. When a serious acci	dent occurs, our p	policy is n	ot only to contact the child's
	Assumption of risk & Re	ease of Claims & Notic	ce		
	n Gilbert Parks & Recreation programs and activition site. I release the Town of Gilbert and its emplo	es, including transportation p	rovided, and to use		•

**Parent or Legal Guardian Signature** 

Date

## **FREESTONE RECREATION CENTER KIDDY KORNER RULES**

and my own participation in programs and activities and use of recreation facilities. I understand that the Town of Gilbert has no medical insurance for my child or me. I understand there are risks involved with physical exertion and use of recreation facilities, including serious injury. I certify that my child's and my own physical condition are satisfactory to participate in programs/activities. I also give my permission for any photographs, audio or video recordings taken of my child and/or myself to be used by the Town of Gilbert for any lawful purpose, including the promotion of Town events on the Town's website or the Town's social media sites. I further waive any and all right to privacy, compensation, or the right to inspect or approve the photographs, audio or video recordings used. I am at least 18 years of age, and verify that all information provided at registration or on this form is correct. Providing incorrect information including but not limited to date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs.

Kiddy Korner is designed for children ages 18 months - 7 years of age for a maximum of 2 hours per visit.

Each visit must be paid for separately and cannot exceed 2 hours in length.

Parents or accompanying adult, 15 years or older, must remain in the building at all times.

A pass is required for admittance. All Passes must be obtained or purchased at the front desk. Money is not accepted in the Kiddy Korner.

Each child must be signed in to the Kiddy Korner on the waiver located at the Kiddy Korner check in counter. If the participant is being checked in by anyone other than their legal parent or guardian, a Kiddy Korner Waiver must be on file and signed by a legal parent or guardian.

Sippy cups with water only are permitted. Food, candy, juice, milk, soda or gum is not permitted.

Children must be fully clothed and wearing shoes at all times.

Parent, legal guardian, or accompanying adult is responsible for changing diapers and assisting with potty breaks.

Parent, legal guardian, or accompanying adult will be called if child cannot be comforted within 10 minutes.

Children with any indication of illness will not be allowed into the Kiddy Korner in order to protect the health of other children and staff. Staff will determine admittance.

When dropping off your child you are required to check in with staff and provide the following: child's name, child's age, your name, your location (in FRC) and a password.

Please inform staff of any allergies or specific medical needs.

The Freestone Recreation Center is not responsible for any lost or stolen items.